



PLEASE COMPLETE ONE REQUEST FORM FOR EACH BOND PURCHASE. NO SUPPLEMENTAL FORMS NEEDED. UPON COMPLETION, FORWARD THIS FORM TO YOUR DEPARTMENT'S U.S. SAVINGS BOND COORDINATOR. USE THIS FORM TO: 1) START A NEW BOND DEDUCTION OR 2) ADD AN ADDITIONAL BOND DEDUCTION.

DO NOT USE THIS FORM TO CHANGE BOND INFORMATION.

DO NOT WRITE IN THE BOXES TO THE RIGHT. FOR AUDITOR'S USE ONLY.	DEDUCTION CODE 125	OLD P/R DED	NEW P/R DED	BOND SEQ NO.	CODE
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EMPLOYEE NO.	DEPT. NO.	EMPLOYEE NAME (TYPE OR PRINT - FIRST, MI, LAST)

DO YOU HAVE A CURRENT PAYROLL DEDUCTION FOR SERIES EE SAVINGS BONDS, DEDUCTION CODE 125? ☐ YES ☐ NO

SUBMIT A SEPARATE FORM FOR EACH BOND

ENTER THE TOTAL NUMBER OF FORMS YOU ARE NOW SUBMITTING.	NUMBER
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INDICATE THE BOND AMOUNT REQUESTED (CHECK ONE):

CHECK	MONTHLY DEDUCTION	FACE VALUE	CHECK	MONTHLY DEDUCTION	FACE VALUE	CHECK	MONTHLY DEDUCTION	FACE VALUE
<input type="checkbox"/>	12.50	100.00	<input type="checkbox"/>	50.00	100.00	<input type="checkbox"/>	100.00	200.00
<input type="checkbox"/>	25.00	100.00	<input type="checkbox"/>	50.00	200.00	<input type="checkbox"/>	250.00	500.00
						<input type="checkbox"/>	500.00	1,000.00

ENTER THE FOLLOWING BOND OWNER INFORMATION

NAME (TYPE OR PRINT - FIRST, MI, LAST)

SOCIAL SECURITY NUMBER
PLEASE NOTE: THE SOCIAL SECURITY NUMBER
IS MANDATORY AND ITS ABSENCE WILL
POSTPONE THE ISSUANCE OF A BOND(S)
UNTIL IT IS RECEIVED.

[illegible]

STREET ADDRESS	CITY	STATE	ZIP
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ENTER THE FOLLOWING INFORMATION TO DESIGNATE A CO-OWNER OR BENEFICIARY:

IF YOU WISH TO DESIGNATE A CO-OWNER OR BENEFICIARY FOR THIS BOND, CHECK ONE OF THE BOXES BELOW.

ENTER THE NAME OF YOUR CO-OWNER OR BENEFICIARY BELOW

NAME (TYPE OR PRINT - FIRST, MI, LAST)

SOCIAL SECURITY NUMBER (IF KNOWN)

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☐ CO-OWNER ☐ BENEFICIARY

I HEREBY AUTHORIZE THE COUNTY OF LOS ANGELES TO DEDUCT MONTHLY FROM SALARY EARNED BY ME IN ANY DEPARTMENT OR DISTRICT OF LOS ANGELES COUNTY THE AMOUNT SHOWN HEREON FOR THE PURPOSE OF A U.S. SAVINGS BOND - SERIES EE. THIS AUTHORIZATION WILL REMAIN IN EFFECT IN ALL CIRCUMSTANCES UNTIL I SUBMIT TO THE AUDITOR THE APPROPRIATE CHANGE OR CANCELLATION DOCUMENT.

(5/02)

EMPLOYEE SIGNATURE _____ DATE _____

WORK PHONE () _____ HOME PHONE () _____

(OPTIONAL)